

Overseas Insurance Application

For Licenced Officials who are Officiating abroad

Please return to Kyle Jackson, Safety Team at postal address below or safety@motorsportuk.org

Full Name:		Licence No.	
Telephone & Email:			
Event(s) Being Attended & Date(s):		Sanctioning ASN:	
Venue Details:			
Capacity & Role At Event:			
Licence Grade Held:			
Any Medical Issues in Period 30 Days prior to Event? If yes, please declare.			YES NO

I can confirm that I have:

- The prerequisite experience, qualification and knowledge required for this role.
- Been free from injury ailment sickness or disease and have been fit well and in good health for the period of 30 days immediately prior to attending the event.
- No pre-existing conditions that would hinder me from undertaking this role or travelling there and back to this event.
- My own travel insurance for any incidents that occur away from the event venue.

Signed: _____

Dated: _____

Motorsport UK Approval (Office Use):

Name of Approver:		Date:	
Signature:			

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